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ABSTRACT

Although many clinicians use drawing tasks to assess children who have been exposed to family violence, few professionals are aware of current research in this area. Professionals should be apprised of the graphic indicators of child abuse in drawings, reliable art-based assessment tools, and legal and ethical principles surrounding the use of drawing tasks in the clinical setting. This article presents general principles for the use of drawings in the assessment of children from violent homes. Because of a lack of detailed knowledge in these areas, clinicians may misinterpret children's art expressions and may be insensitive to the unique qualities of art expression in the assessment of child abuse and neglect. The paper offers resources on the use of drawings in assessment as well as suggestions for enhancing clinical skills in this area. The use of drawings for client appraisal is a complex task which requires understanding in many aspects of art expression. The clinician must uncover what the art product says about a child as well as what the child says about the creative act. The professional should consistently update his or her interpretation skills and when in doubt, should consult with a professionally credentialed art therapist. (RJM)

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USING DRAWINGS IN THE ASSESSMENT OF CHILDREN FROM VIOLENT HOMES

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Abstract

Although many clinicians use drawing tasks in the assessment of children who have been exposed to family violence, very few are aware of current research data on graphic indicators of child abuse in drawings, reliable art-based assessment tools, and legal and ethical principles that affect the use of drawings tasks in the clinical setting. Because of lack of detailed knowledge in these areas, clinicians may grossly misinterpret children's art expressions and may not be sensitive to the unique qualities of art expression as a tool in the assessment of child abuse and neglect. In an effort to address some of these issues, this article presents general principles for the use of drawings in the assessment of children from violent homes. Resources on the use of drawings in assessment are offered as well as some suggestions for enhancing clinical skills in this area.

Many professionals who work in clinical or community agencies dealing with domestic violence are utilizing drawings as part of their evaluation of children who are exposed to family violence or those who are at risk for abuse. Since art expression is a comfortable, age-appropriate language for children, it is natural for clinicians to utilize some form of this non-verbal modality (such as drawings) as part of the assessment and/or treatment process. Also, when children do not want to talk or when words are not accessible because of psychological crisis, drawings can be a way to break through resistance, permitting the child to safely express material that may be otherwise difficult to discuss. Yet, despite the frequent use of drawings in assessment with children from violent or abusive homes, very few clinicians have in-depth knowledge or training in the use drawings as part of the assessment process and are unaware of current information available. The following material delineates some

major areas clinicians should understand in order to accurately utilize art-based assessments with child populations, particularly children from violent homes.

Understanding Developmental Levels in Children's Art

Any clinician who intends to use drawings as a regular part of a child's intervention or evaluation must have a clear understanding of the normal stages in artistic development which are consistent throughout childhood. Information on children's artistic development is widely available (eg. Kellogg, 1969; Gardner, 1980; Lowenfeld & Brittain, 1982) and norms for age ranges from early childhood through adolescence have been identified. Some college courses in child development teach this information; clinical coursework in child art therapy at the graduate level most always begins with a solid background of normal artistic expression as a prelude to further training in the use of drawings in assessment of children.

When a clinician knows the normative characteristics of art expression for a particular age group, s/he is on solid ground to identity what may be abnormal in a particular child's drawings. Accurate knowledge of the scribbling, pre-schematic, schematic, and latency age characteristics is necessary to making an accurate judgement concerning possible regressive characteristics and developmental lags as typified in many of the art expressions of children from violent homes. Without the understanding of these levels many clinicians make inaccurate assessments of graphic characteristics which are really quite normal for the child's particular age group. For example, children in the six to seven year- old age group (the schematic stage of art expression) often will exaggerate or emphasize a particular feature of a drawing, often by making it larger in comparision to the rest of the image. This exaggeration might appear as an unusual characteristic to someone unfamiliar with this normal age-appropriate artistic behavior and may see it as a sign of possible problems. Thus, it is extremely important to know the developmental stages in artistic expression and the unique charactersitics of each stage in detail.

Understanding the Indicators of Child Abuse in Drawings

To understand reliable indicators of child abuse in drawings takes a little more effort and research, although more information is available than there was a few years ago. Many of the current studies on the use of drawings with children can be found in the professional journals of the field of art therapy, such as *Art Therapy: Journal of the American Art Therapy Association* and *The Arts in Psychotherapy*.

When reviewing the current studies of the art expressions of children who have been abused, it is important to note that different drawing tasks can elicit different types of responses in terms of content, style and developmental level (Malchiodi, 1987). For example, paint with large brushes will create a different response than drawing with a no. 2 pencil on 9" x 12" paper. Therefore, data from research studies on a particular art task or drawing directive cannot be universally applied to art expressions created under different conditions or with different materials.

Additionally, the most common mistake that clinicians who are untrained in current research in evaluating drawings is in projecting what s/he would like to see in an image. There are many graphic indicators in drawings which have not been substantiated by research to date that clinicians still chart as related to family violence or abuse. For example, smoke coming out of chimney in a house drawing is a commonly reported as an indicator of turmoil in the home, yet there is no data to support this correlation. It may be that smoke coming from a chimney does have some relationship to violence in the home, however, until this is demonstrated clinicians are advised to monitor themselves for projection of personal perceptions about graphic content.

There are some standardized drawing tasks now available to help the clinician, such as a "A Favorite Kind of Day" (Manning, 1987) and "Environmental Drawing Rating Sheet" (Epperson, 1990). Traditionally, the Draw-A-Person (D-A-P) task has been used by art therapists to examine characteristics of child sexual abuse present

in art expressions; Cohen and Phelps (1985), Hagood (1994) and Sidun and Rosenthal (1987) have both conducted extensive studies into the use of these tasks with children and adolescents who have been sexually abused in an effort to develop a reliable list of graphic characteristics. Overall, it seems that a series of specific graphic characteristics must be present rather than a single indicator to support the existance of any type of abuse, physical or sexual. Also, in order to make such a determination, the drawing protocol (instructions, circumstances and materials) must be carefully followed.

Using Drawings as Projective Material

Many professionals use art expression as a vehicle to help children exposed to abuse or violence to tell a story. This projective use of drawings is not new and is particularly appropriate with the child in crisis who is unable to express with words because of psychological distress, protection of family secrets or fear. Projection is particularly appropriate when defensiveness and resistiveness are apparent as a logical stage of response to crisis or family violence. For example, when children come to a family violence shelter or safe house, they are extremely defensive in their behaviors and interactions. This defensiveness may also be evident in their art expressions, producing stereotypical or meager imagery in an effort to cope with crisis or abuse in their lives (Malchiodi, 1990). Although there may be indicators of violence or abuse present in the art expression, allowing the child to utilize projection at this time is helpful both in assessment and in supporting the coping skills of the child.

Asking the child to describe or tell his own story about his drawing is extremely important not only in understanding the child, but also in deciphering his/her personal visual language. The image itself can tell a great deal about the child to the trained eye, but the child's description is also necessary to fully understand the drawing. Important information can easily be missed if the child is not asked to provide a title, short story or other description about the creation.

Respecting Drawings as Personal and Confidential Material

Drawings, particularly for children, are personal expressions of their inner worlds and must be respected as such. Although the adult clinician who administers a drawing task sees it as an assessment tool, the child often thinks of it as a creative experience. Therefore, it is important to respect the child's drawing by refraining from writing commentary directly on it ; marking on the child's art expression shows lack of respect for the child, because drawings and other art products are expressions of the self. Also, the type and condition of materials supplied to the child are important and indicate how much the clinician cares about the drawing task as an expressive experience. Even though a drawing task is designed for assessment, it still can be pleasurable and creative for the child. Providing good quality materials with which to create is important to the child in crisis and can affect the richness of the expressive material in drawings in terms of amount, quantity and variety.

Although client verbal expressions are respected as confidential material, often professionals neglect to see art expressions as such. However, such non-verbal expressions should be considered statements from the child made in therapy and treated accordingly. This means storing the drawings (or copies of drawings, if the child keeps the originals) in a locked file with the child's other records and getting appropriate permission from the guardian and child to share drawings with other professionals. Explaining to the child why you will be keeping certain drawings (when there is suspected child abuse or neglect) also indicates that you respect the child and his art product. Child clients have rights concerning this material just as clients have rights to their own written records. Although most professional ethical codes do not cover the disposition of client art expressions (the notable exception is the *Code of Ethics of the American Art Therapy Association, Inc.*), it is still important to take the art product created in therapy seriously and to give it the ethical respect you would give any other client communication.

Art expressions, both the product and what the child says about them, can be extremely important material to the clinician in protective services working with domestic violence, child abuse and/ or neglect. Drawings have been used in court as admissable evidence and art therapists have been called to court as expert witnesses in cases of child abuse and neglect (Levick & Safran, 1987; Graves, 1993; Liebman, 1993). Thus, care must be taken in how the drawing is obtained (eg. follow drawing task protocol) and what is asked during the interview of the child. Understanding legally acceptable interviewing methods to obtain information on abuse and/or neglect is obviously as important with drawings as with other assessment techniques.

Conclusion

This article has provided a very brief overview of the use of drawings for the clinician who utilizes art-based procedures in the assessment of children from violent homes. Although some suggestions and direction have been provided, this brief discussion cannot replace actual training in using drawings and other art-based assessments. Experiencing drawing tasks first-hand under the guidance of an expert in art-based assessments is the optimal way to learn about how they can be used with accuracy and sensitivity to the child's needs.

Lastly, the use of drawings in assessment is not at all simplistic and does require understanding of many aspects of art expression, not only in terms of what the art product says about a child, but also what the child says about the art product. It also requires consistently updating skills in understanding the content of children's drawings, particularly in regard to child abuse and neglect. When in doubt, it is advisable to consult with a professionally credentialled art therapist who has the specific graduate-level training to work with client art expressions as developmental, intrapsychic and projective indicators of the child's current status.

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